

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David B. Krig et al.

Title: SYSTEM AND METHOD FOR MONITORING OR REPORTING BATTERY STATUS OF

IMPLANTABLE MEDICAL DEVICE

Docket No.: 279.684US1

Filed: November 12, 2003

Examiner: Jessica L. Reidel

Customer No.: 21186

Commissioner for Patents

Attn: MAIL STOP ISSUE FEE

P.O. Box 1450

Alexandria, VA 22313-1450

Serial No.: 10/706,856

Due Date: February 7, 2007

Group Art Unit: 3766

Confirmation No.: 6704

**Notice of Allowance Date:** 

September 7, 2006

We are transmitting herewith the attached:

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SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

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## PART B - FEE(S) TRANSMITTAL

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Ċ.	Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  [ Schwegman, Lundberg			
				or agents OR, alternatively,  (2) the name of a single firm (having as a member a			
	"Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.	lication (or "Fee Address 02 or more recent) attack	" Indication form ned. Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the do recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Cardiac Pacemakers Inc. Saint Paul, Minnesota							document has been filed for
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-	The following fee(s)  Issue Fee	are submitted:	4	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number			
5.		itus (from status indicate				L ENTITY status. See 37 (	
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